

## **CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED 11-14-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3							53					
4	1						54					
5							55					
6							56					
7							57					
8							58					
9							59					
10		1					60					
11							61					
12							62					
13							63					
14							64					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	21						Total Indep					
Total Depend	7						Total Depend					
Total Claims	11						Total Claims					